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PTO/SB/82 (10-00)

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1636
#9

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ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/972,756
Filing Date	October 5, 2001
First Named Inventor	Michael G. Katze
Group Art Unit	1636
Examiner Name	J. Ketter
Attorney Docket Number	021044-008020US

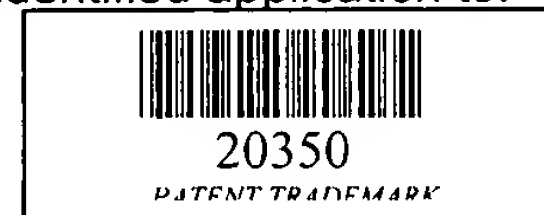
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Gail Y. Herman

Signature

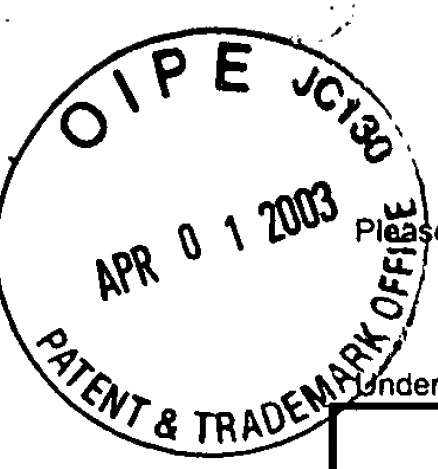
Date

3-18-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
SF 1437574 v1



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PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/972,756
	Filing Date	October 5, 2001
	First Named Inventor	Michael G. Katze
	Title	Screening Methods To Identify...
	Group Art Unit	1636
	Examiner Name	J. Ketter
	Attorney Docket Number	021044-008020US

I hereby appoint:

☒ Practitioners at Customer Number →

20350
PATENT TRADEMARK OFFICE

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Gail Y. Herman
Signature	
Date	3.18.03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: University of Washington

Application No./Patent No.: 09/972,756

Filed/Issue Date: October 5, 2001

Entitled: Screening Methods To Identify Agents That Selectively Inhibit Hepatitis C Virus Replication

University of Washington, a university

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9282, Frames 0352-0354, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To : _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3.18.03

Date

Gail Y. Herman

Typed or printed name

Gail Y. Herman

Signature

Technology Manager, Health Sciences

Title

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